

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Common Interest Community Board
CIC POINT OF CONTACT/MANAGEMENT CHANGE FORM

PLEASE TYPE OR PRINT.

Association Identification

1. Please enter the certificate number issued by the Common Interest Community Board. **0 5 5 0** _____
2. Full Name of Association _____
3. Website Address of Association (if available) _____
4. Month of Annual Meeting\Board Election _____

Point of Contact Change

5. Name of Former Point of Contact _____
6. Name of New Point of Contact _____
7. Mailing Address of New Point of Contact
City, State, Zip Code _____
8. Telephone Number () - _____ Is this a private ☐ or public ☐ number?
Telephone
9. Effective Date of Change _____

Management Company Change

10. Name of Former Management Company _____
11. Name of New Management Company _____
12. Website Address of New Management Company (if available) _____
13. Effective Date of Change _____

14. _____
Signature of Representative Title Date